

## Case for Change

1<sup>st</sup> December 2021

### Children's Urgent and Emergency Services at Bassetlaw Hospital

#### Introduction

£17.6m has been announced in support of a proposal by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) to create an Emergency Village at Bassetlaw Hospital. This massive capital development, the largest investment in the Trust for many years, will ensure Bassetlaw hospital's resilience into the future.

The development of modern urgent and emergency care service will meet the needs of the communities of Bassetlaw, now and for years to come. The development will increase the size of the Emergency Department (ED) and provide more accessible same day services, so we can get patients to where they need to be to receive the best care more quickly.

The Emergency Village will have input from a range of clinical and support teams, working within the Trust and the community, supporting patients to access the services that best meet their needs, including the options of local pharmacies, 111, as well as primary and community based services and over the counter medications.



\*Image shown is an initial artist's impression and may be subject to change

This new development creates an opportunity to confirm the future model of urgent and emergency children's services at Bassetlaw Hospital and address the challenges to service provision which resulted in the temporary closure of overnight children's inpatient service in January 2017 due to safety issues.

A new configuration of how children's urgent and emergency services are located within the Emergency Village plan could mean that children presenting at Bassetlaw ED with conditions requiring observation would be able to stay for longer at Bassetlaw Hospital. This includes children requiring observation overnight regardless of the time (night or day) they present to the ED. This would be an improvement on the existing temporary arrangement and mean more patients would remain at Bassetlaw without the need for a transfer to Doncaster Royal Infirmary (DRI), thereby reducing avoidable transfers of patients. There will be many further advantages including reduced travel for families, improved continuity of care and communications, and access to modern facilities for children and their families.

### **Background to the temporary changes made in 2017**

Prior to 2017, children's services provided on the Bassetlaw Hospital site included:

- Care in the Emergency Department;
- A ward with an ambulatory area for those not requiring overnight stay and 14 beds to accommodate inpatients (also supporting same day attendance on the ward and a small number of planned day case lists)
- Dedicated children's outpatient clinic facilities.

In January 2017, temporary changes had to be made to the inpatient (ward) provision for children at Bassetlaw. Before these temporary changes were made there were 6 beds available due to available staffing levels. The temporary changes made in January 2017 meant that the overnight children's inpatient service was temporarily transferred to Doncaster Royal Infirmary (DRI) to address the safety issues created by shortfalls in specialist children's nursing staffing at night.

This happened because there weren't enough nurses with the specialist skills in children's nursing to cover both the Emergency Department and to provide care on the ward which is currently not located near the ED.

The number of paediatric nurses available within the ED (as required by Royal College of Paediatrics and Child Health Recommendations (April 2018)) was specifically highlighted in the December 2018 Care Quality Commission (CQC) inspection which rated DBTH as 'Requires Improvement' overall. After overnight services were temporarily transferred to DRI a subsequent CQC inspection in February 2020 rated the overall assessment as "good".

The temporary model meant that the ward changed into a 10 bedded Children's Assessment Unit (CAU), open until 9pm and only accepting referrals until 7pm. All children requiring overnight care (including observation) continue to be transferred to DRI, a 20-mile journey which on average is a 35–40 minute drive. If patients are assessed as being well enough, they can travel in the family's own transport if available, if not transport is provided.

### **Impact of the temporary changes on our communities**

Since the temporary changes were introduced in 2017:

- Paediatric ED attendance remained stable prior to the COVID pandemic. In line with national data different patterns of all ED attendances have been noted since 2020/21 reflecting the impact of the Covid-19 pandemic. (\*Please note data from 2021 is from 1 April 2021 to 30 September 2021, which doesn't include the busier winter period).

Site	2015	2016	2017	2018	2019	2020	2021*	Grand Total
DRI	16786	18288	18192	18714	20744	14505	14635	121864
Bassetlaw	9206	9913	8858	9082	10091	6834	7207	61191
Montagu	5965	5966	6021	5597	5629	4699	4318	38195
Grand Total	31957	34167	33071	33393	36464	26038	26160	221250

- The planned outpatient clinics and Orthopaedic day case theatre list for Children provided on site have been unaffected and remain unchanged.
- Access to urgent children's services via ED has also been unaffected.
- In 2016/7 the average length of stay (LOS) for Bassetlaw paediatric patients (0-17yrs) admitted as a non-elective patient to Bassetlaw Hospital was 1.40 days. In 2017/18 (post the implementation of the temporary arrangement) the LOS was 1.36. The LOS has continued to decline with current LOS (year to date) of 0.80. There has been a similar reduction in LOS for elective admissions reducing from 0.76 in 2016/7 to 0.42 in 2021/22 (year to date).
- To date, the average number of transfers from Bassetlaw CAU for overnight admission to DRI is 25 patients per month (from Feb 2017 to Sept 2021). This equates to approx. 2% of the average number of paediatric patients attending ED per month (1<sup>st</sup> April-30<sup>th</sup> September 2021). The actual activity ranges from 13 to 57 children transferred per month (which is not unexpected as there is usually significant seasonal variation). However, numbers were disproportionately lower during the pandemic.
- Over the past 12 months 208 (4 per week) children have been transferred to DRI who could have remained at Bassetlaw for overnight observation and would therefore benefit from an extension to the service currently in place.
- In the last year only 88 children who were transferred to Doncaster remained on the Children's Ward at Doncaster for over 24hrs.
- When the CAU closes at 10pm, under current arrangements children continue to be transferred if ongoing care is required.
- In the Bassetlaw area, an average of approx. 200 children access Sheffield Children's Emergency Department directly each year. Most of these families self-present and some will have established links with Sheffield Children's for ongoing care for long term conditions and complex case management. There was a similar pattern prior to the overnight closure of the ward in Bassetlaw.
- Children needing emergency surgery, care on a high dependency unit (HDU) or specialist care are transferred directly from ED to both Sheffield Children's and Doncaster Royal Infirmary. This was also the case prior to the overnight closure of the ward in Bassetlaw. 48 patients went to either DRI HDU or the Sheffield Children's in the past 12 months.
- The CAU at Bassetlaw currently supports the flow of patients from the Emergency Department, direct referrals from GPs or outpatients and phlebotomy requested by primary care and community paediatric services. Activity for the unit can be seen below:

## Total CAU Activity

Average	Non-Elective	Day case	Elective
< Feb 2017	204	13	6
> Feb 2017	126	8	7
Total	162	11	7

*Monthly average data from January 2013 to July 2021*

### Service feedback

Overall feedback from families and patients is very good, though a small number of complaints were received when the service initially changed. However, feedback does indicate the desire from patient carers to stay at Bassetlaw overnight when safe to do so. Comments are attached in Appendix 1

Since the temporary changes came into place in January 2017 attempts to recruit to paediatric nursing staff have been relentless, some of which have been successful. For posts offered in June/July for the newly qualified nurses who commence in September DBTH achieved some success. However, whilst further posts are advertised routinely throughout the year, they continue to rarely be successful.

Despite repeated efforts to recruit, due to natural attrition overall staffing numbers remain severely challenged as people retire or leave the service to work elsewhere. Therefore, despite considerable and sustained recruitment and retention initiatives the overall number of paediatric nursing staff remains unable to support a return to a pre-January 2017 model.

The prospect for an improving position for recruitment continues to be concerning. There is only one paediatric nursing cohort intake per year from Sheffield Hallam University. Understandably many new paediatric nurses choose to work for Sheffield Children's Hospital – one of only a few specialist children's hospitals in the entire country. Adverts are routinely placed three times a year by DBTH to attract new starters. The Trust also rotates staff to support their professional development.

Nurse staffing continues to be a national challenge as there remains a shortage of qualified nurses generally and specialist children's nurses in particular. Whilst there has been significant investment nationally into overseas recruitment for adult nursing, this has not yet been undertaken for children's nursing. NHS England and Improvement are now working with Trusts and recruitment agencies to attract children's nurses to work in the UK. In addition to this the local Higher Education Institutes have increased the placements for children's nursing by 40. This will potentially be beneficial for DBTH, but not until 2023 even if we can attract and retain these newly qualified nurses within the local geography.

The workforce model will be supplemented with paediatric nurse associates. These staff can support the registered nursing team but numbers have to be proportionate to the overall

registered staff numbers. These posts support local staff to be trained and enhance their career development.

### **Case for Change**

The Trust, and the CCG, are committed to providing accessible services locally, wherever it is safe to do so. The development of the “Emergency Village” at Bassetlaw Hospital offers possibilities for co-location of the Children’s CAU with the Emergency Department and Children’s outpatient department to make best use of specialist nursing and medical staff capacity within the hospital and potentially across children’s community services. Consequently, co-location will support meeting an anticipated increase in demand for same day/urgent services as a result of the pandemic, existing patient need and growing population.

Nearly 3,000 of 25,745 Bassetlaw children (aged 0-19) have one or more long term conditions with the highest numbers managing asthma and neurodevelopment disorders. 16.2% (3,205) of Bassetlaw children are also within low-income families which has a strong association with poorer health outcomes.

Emergency activity at Bassetlaw Hospital continues to rise, especially since the end of lockdown. Combined with significant new building developments, having the correct model of care in place is essential for system recovery and sustainability.

Co-location will mean fewer staff will be required, which mitigates the risk of a shortage of paediatric nurses (we are not reducing the number of staff employed). A new development may attract staff and we are working with Sheffield Children’s Foundation Trust to look at possible rotational posts.

### **Development of options**

In developing potential options for Children’s Urgent and Emergency Services at Bassetlaw Hospital the five key criteria outlined in The Green Book (central government guidance on appraisal and evaluation) have been applied. They are:

- Strategic fit and meets business needs
- Potential value for money
- Supplier capacity and capability
- Potential affordability
- Potential achievability

There is significant clinical support for the development and pre-engagement work with clinical teams from the hospital, clinical colleagues in the Integrated Care Systems (ICS), Children’s Hosted Network, NHS England and the Clinical Commissioning Group has taken place to identify and appraise that the options are viable against the five criteria. We have also sought out and considered the views expressed by families who have recent experience of being transferred from the Children’s Assessment Unit at Bassetlaw to DRI for observations lasting less than 24 hours.

During this process further options have been considered and discounted against those criteria. This included specific consideration of re-opening the ward to provide the pre-2017

model. This option was discounted since it does not meet the achievability criteria as demonstrated by the long period this arrangement has already had to be maintained. An option to discontinue providing Children's Urgent and Emergency Services at Bassetlaw Hospital has also been discounted since it conflicts with patient feedback and the expressed desire of local parents and the CCG to access care closer to home. This option also fails to meet the criteria of strategic fit and business needs (as we are committed to providing accessible services locally, wherever it is safe to do so).

In all options, as has always been the case, children will be transferred directly from ED to both Sheffield Children's and Doncaster Royal Infirmary when clinically indicated. We remain committed to ensuring all our children are provided care in an appropriate environment where their needs can best be met. DRI will therefore continue to provide care for more complex patient needs for example emergency surgery and high dependency or specialist care.

The options in development are described below.

- **Option 1 (continue current temporary model but recognising this would be on a permanent basis)** – The existing Children's Assessment Unit (CAU) stays where it is (not near the Emergency Department) and closes at 9pm each evening with no further admissions from 7pm and patients requiring overnight stay are transferred to the Doncaster Royal Infirmary site from 4pm.

This option would mean that the unit would provide 10 assessment spaces for children and young people at Bassetlaw Hospital.

- **Benefits:** Maintains stable position, model well established, maintains resilience of clinical oversight and delivery for paediatric nurse input
  - **Risks:** Fails to consider opportunity for more patients to remain locally in Bassetlaw; patients might be transferred due to transient need for observations at night and hence potentially poor patient experience
- **Option 2** – A dedicated Children's Assessment Unit (CAU) is built next to the Emergency Department but still closes at 9pm each evening with no further admissions from 7pm and patients requiring overnight stay are transferred to the Doncaster Royal Infirmary site from 4pm. This allows for better use of specialist children's nurses.

This option would mean that the unit would provide 10 assessment spaces for children and young people at Bassetlaw Hospital.

- **Benefits:** Creates improved resilience as a result of co-location
  - **Risks:** Fails to consider opportunity for more patients to remain locally in Bassetlaw; patients might be transferred due to transient need for observations and hence potentially poor patient experience
- **Option 3** – A dedicated Children's Assessment Unit (CAU) is built next to the Emergency Department, which will allow children to remain on Bassetlaw Hospital site when they require a short stay for observation, which can be overnight. Children

needed more specialist care or surgery who require a longer length of stay will continue to be transferred to the Doncaster Royal Infirmary site. This allows for better use of specialist children's nurses and means children who require a short stay would be cared for at Bassetlaw overnight.

This option would mean that the unit would have 6 overnight short stay beds, 8 assessment spaces and a further 1-2 treatment rooms. This would mean that between 15-16 children and young people could receive care in the unit at any one time.

- **Benefits:** Creates improved resilience through co-location; supports more children staying for longer at Bassetlaw with reduced need for patients to transfer to DRI site without compromising patient safety/quality
- **Risks:** Transition of service from current temporary arrangements dependent upon building works completion and ongoing recruitment and retention of paediatric nursing staff. Latter risk to be mitigated through increase in training places for nursing with phased implementation.

With each of these options the Children's outpatients department remains on site at Bassetlaw and the outpatient services provided will remain unchanged. The small number of children's orthopaedic theatre lists (approximately 3 children per week) will also remain.

### **Next steps**

We want to engage with our local community at the earliest opportunity, ensuring local people have the opportunity to share their views and that we facilitate appropriate levels of conversation across all our stakeholder groups. As such, we have prepared an engagement plan - Appendix 3 of this document, outlining our approach to working with key stakeholder groups, informed by existing knowledge and feedback.

In developing the potential service change we will also work closely with NHS England and Improvement (NHSE/I), ensuring that any changes meet the requirements of the NHSE/I assurance process. We will also work with the Yorkshire and Humber Clinical Senate to ensure any new service meets the highest clinical standards and are in line with good clinical practice.

While there is no legal definition of 'substantial development or variation', we have sought the views of the Nottinghamshire Health Scrutiny Committee with regards to whether they believe the proposed changes to increase the opportunity to provide Children's urgent and emergency services for longer at the Bassetlaw site is substantial and would therefore trigger the duty to consult with the local authority under the s.244 Regulations.

Given the proposed development of the Emergency Village on the Bassetlaw Hospital site, and the opportunity this presents for reviewing the current provision of children's urgent and emergency care, both the CCG and Trust have endorsed the HSC decision for formal consultation and are committed to continued engagement with the HSC throughout the forthcoming process.

Whilst there are no plans to consult on the development of the Emergency Village, as it is a re-provision of services in line with national standards, we will seek community involvement in the look, style and feel of the Emergency Village.



## Parent's Feedback - Care for children requiring transfer to DRI from BDGH

*Transfer from BDGH excellent transition with a lovely professional nurse waiting for us, a side room available straight away. Nurses explained everything and did absolute best to make (named child) and I as comfortable as possible and explained clearly in a way I understood. Drs very competent and kind in there delivery and making it clear that not only would (named child) be treated now but also followed up in clinic which has put my mind at ease, a big thank you from (named child) and I.*

*Outstanding care from every single member of staff at Doncaster and Bassetlaw you saved our baby's life through quick thinking and excellent staff members and care.*

*We were transferred from Bassetlaw and we were made to feel very welcome (named child) was very well looked after.*

*Staff all caring and compassionate, training staff are a credit to the team, I felt reassured throughout our stay from being admitted at Bassetlaw and transition to Doncaster, it's a shame resources had to be wasted and my child was unsettled due to the move however that is not the fault of either hospital and all staff have been amazing.*

*Brilliant hospital, transferred from Bassetlaw at 21.30 and nothing was too much trouble, also lovely that there is a parents room to make a much needed cuppa, very good of staff to make toast for parents at breakfast time.*

*(Named child) received the best possible care at Doncaster children's hospital the team took no chances and were very thorough. We have been considered ok to transfer back to Bassetlaw for the blood tests of which we are very grateful.*

*Fabulous staff, nothing was a problem. It's a shame my son couldn't stay here overnight rather than having to travel to Doncaster.*

*The staff members in this department are second to none. The nurses were friendly and accommodating, going above and beyond to attend to our needs. The doctors were excellent, approachable, friendly and caring. How privileged and blessed we are to have such an excellent facility in North Nottinghamshire. Thank you also for the gifts for our child who was in all day on Christmas Eve and transferred to Doncaster for Christmas day. Thank you for helping to soothe our two year old son who was extremely distressed and upset with being so poorly. This service and level of care is amazing. Thank you!!!*

## Improving Children's Urgent and Emergency services at Bassetlaw Hospital

### Engagement and consultation plan

#### 1. Introduction

This plan details the activities for the engagement around the proposed service changes to Children's Urgent and Emergency services at Bassetlaw Hospital.

The engagement plan is built upon the following core elements:

- Stakeholder identification and mapping
- Developing the narrative on the proposed potential service changes for the local community and stakeholders
- Seeking early views from key stakeholder groups

Engagement at an early stage in the process is essential in ensuring that people have the opportunity to have a say in developing the future service model for Children's Urgent and Emergency services at Bassetlaw Hospital. We know that any change to health services can be emotive, high profile and have a wide-reaching impact. It is important, from both a statutory and good practice perspective, to develop a transparent process which can help to maintain trust between the health authorities involved, the communities they serve and stakeholders.

Engaging within the context of COVID restrictions presents both opportunities and challenges. Whilst many existing groups and networks will now be familiar a range of digital platforms, we must ensure that the process is inclusive for those who are not familiar and cannot access these.

#### 2. Pre-engagement

The key lines of enquiry for the pre-engagement phase have been to explore the views on what principles and potential options should be considered when developing the future clinical model of Children's Urgent and Emergency services. Engagement with key stakeholders and patient and carer representatives at this stage has also identified priorities, groups who may be impacted and areas of concern.

The insight gathered from this phase will be fed back to inform the development of any future public engagement.

In developing these options in-depth engagement has taken place with the Paediatric Department, Emergency Department and support services staffing teams at Bassetlaw Hospital as well as wider stakeholders, within informal sessions on the wards and in departments. More formally engagement has taken place at the Bassetlaw Emergency Village (BEV) Steering Group, Task and Finish groups and the Bassetlaw Emergency Village Project Board.

All options have been developed by lead Paediatric Clinicians at DBTH including Divisional Director of Nursing, Clinical Director for Paediatrics and Divisional Director and General Manager for Children and Families directorate, Paediatric Hosted Network colleagues and Primary care representation/Bassetlaw CCG nursing as well as Senior Management from the trust including Chief Nurse/Deputy Chief Executive, Director of Strategy and Improvement.

The options have been scrutinised at DBTH Clinical Governance Committee and Paediatric Consultants meetings, as well as external peer review from The Children's Hosted Network and presented to Bassetlaw CCG Governing Body.

Also, a quality improvement event was held in July 2021 where the Paediatric option for the master floor layout and colocation of services, designed by the Paediatric team and presented by the Paediatric Clinical Director, was voted the most preferred option chosen by a wide list of stakeholders including Bassetlaw CCG, EMAS, Mental Health services and Community Service representation as well as DBTH service leads.

The DBTH Children and Families Board reviews Bassetlaw Emergency Village plan development at its monthly meeting and a dedicated Clinical working group has been in place since January 2021 developing plans for relevant pathways of care and supporting the design of options.

We have also sought out and considered the views expressed by families who have recent experience of being transferred from the Children's Assessment Unit at Bassetlaw to DRI for observations lasting less than 24 hours.

### **3. Consultation preparation**

If it is envisaged that the outcome of any future service change will be a 'substantial development or variation' of current service provision then a formal public consultation will be required. The views of the HSC are sought in this regard.

In order to be meaningful and effective, the consultation will require the preparation of the following elements: stakeholder identification and mapping; engagement delivery plan; engagement tools and resources; and a timeline and key milestones. These are detailed below.

It should be noted that there are a number of interdependencies between these elements being prepared, which include the following being developed by the programme board:

- A narrative for the case for change (supported by appropriate background information)
- An agreed mandate for the consultation and engagement (addressing who is leading the engagement; whose views are being sought; the scope of the engagement and key lines of enquiry; what decisions are being influenced and what the wider aim is)
- Identification of key spokespeople and clinicians for the consultation and engagement process

### *3.1 Stakeholder identification and mapping*

Stakeholder identification and mapping is a key part of any engagement process. Not all stakeholders will want, or need, the same level of engagement all of the time. Allowing time for mapping at the outset – and using this alongside impact assessments - enables effective prioritisation and can direct resources accordingly where gaps are highlighted.

Whilst mapping and analysis will help direct the initial engagement, ongoing research into existing networks and groups will continue to allow the engagement approach to constantly evolve and develop an understanding of the conversations they are having.

### *3.2 Consultation delivery plan*

A forward plan of consultation delivery will be developed following the initial stakeholder mapping. So that resources can be used effectively, the plan will make use of existing networks and routes to communicate and engage stakeholder groups across the partnership organisations as well as preparing additional engagement routes where there are gaps or communities of particular interest.

The plan will cover key stakeholders who can help direct and influence the engagement process as well as the wider engagement with statutory bodies, service users and other stakeholders and will remain under constant review.

### *3.3 Consultation tools and resources*

A suite of engagement tools and resources will be required to ensure that there is high quality, accessible information available for stakeholders. These will also ensure that the feedback and views are captured in as consistent a manner as possible to aid analysis and inform future decision making.

At this time we expect the engagement tools and resources required will be:

- Consultation document (clearly explaining the need for change and the options under consideration)
- FAQs (to address related issues and specific questions as they arise)
- Discussion guide and survey (to ensure alignment of key questions across all engagement)
- Reporting template and data monitoring form (to include key characteristics, demographic information and option for contact details to be provided for future engagement)

### *3.4 Timeline and key milestones*

The timeline for the consultation phase will capture key milestones and opportunities for engagement as well as providing a reference for the next steps.

## **4 Outline approach to consultation**

Consultation will take place via a combination of established communications channels and bespoke opportunities set up for the purposes of this engagement.

The guiding principles of utilising communications channels should be:

- Using trusted and established channels where possible
- A digital first approach where possible
- Going to where people are at – attending existing networks and meetings in the first instance

We will offer a range of methods for people to have their say throughout the engagement period, including: online surveys; meetings; discussion groups; and social media. The following is a list of the existing communications channels available to reach stakeholders. It is not designed to be exhaustive but rather added to throughout the engagement phase.

Written (digital or printed)	Face to face (or virtual)
<i>Internal</i> Social media Intranet Email – all staff Email – targeted	<i>Internal</i> Briefings – including targeted meetings with managers and clinicians Existing meetings
<i>External</i> Email Website Social media	<i>External</i> Partnership meetings Briefings

Our approach to engagement with specific stakeholder groups will be informed by our research into the most effective routes and mechanisms in light of any COVID restrictions.

To facilitate the engagement effectively, Doncaster and Bassetlaw Teaching Hospitals NHS Trust and NHS Bassetlaw CCG will:

- Have copies of the engagement documentation available on the CCG’s website throughout the process
- Details of the engagement and the documents will be distributed via email to key stakeholders including but not limited to:
  - MPs
  - CVS
  - Health Scrutiny Committee
  - Health and Wellbeing Board
  - Patient Reference Group
  - Healthwatch
  - Doncaster and Bassetlaw Teaching Hospitals NHS Trust
  - NHS England/Improvement
  - South Yorkshire and Bassetlaw ICS
  - Nottingham and Nottinghamshire ICS
  - Local Trusts with Children’s services including The Sheffield Children’s, Chesterfield Hospital, King’s Mill Hospital, The Rotherham Trust and Barnsley Hospital
- Send media release to all local media outlets at the start of the consultation and at key points in the engagement process
- Use Facebook and Twitter, and other social media resources, to raise awareness of the engagement

- Ensure that translations are made available on request in key community languages and made available on the CCG website when requested
- Log all calls received with regards to the engagement
- Collate all letters and emails received as part of the engagement
- Ensure that there are records of all meetings, virtual or otherwise
- Attend meetings with the following key stakeholder and representative groups during the engagement

Following the consultation, an independent analysis of all responses to the engagement will be undertaken by The Campaign Company and a report will be produced.

NHS Bassetlaw CCG will review the report and findings before making any decision. Feedback will then be provided via stakeholder briefings, meetings and media release.